UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

	CASE NUMBER
PLAINTIFF(S)	
v.	**APPLICATION FOR REFUND OF FEES; ORDER THEREON**
DEFENDANT(S)	

Please complete all fields in Section I. If you are requesting a refund of fees paid online using pay.gov, also complete Section II. Then electronically file the completed form using the Application for Refund of Fees event in CM/ECF.

SECTION I

Name of Applicant: _____

Amount Paid: $ _____

Requested Refund Amount: $ _____

Document Title and Docket #: _____

_____

Transaction Date: _____

Receipt Number: _____
(If paid by cash/check only)

Reason for refund request:

☐ Duplicate payment submitted

☐ Fee paid even though none was required

☐ Overpayment of a required filing fee

☐ Pro hac vice application denied (order attached)

☐ Other:

SECTION II (*Complete only if you are requesting a refund of fees paid online using pay.gov. This information can be found in the pay.gov screen receipt or confirmation email.*)

Account Holder Name: _____

Pay.gov Tracking ID: _____

Agency Tracking ID: _____

PLEASE BE ADVISED THAT THE POLICY OF THE JUDICIAL CONFERENCE OF THE UNITED STATES GENERALLY PROHIBITS THE REFUND OF FILING FEES IN ALL BUT LIMITED CIRCUMSTANCES.
(GUIDE TO JUDICIARY POLICY, VOL. 4, CHAP. 6, § 650.)

For Court Use Only

Fiscal Department

☐ Refund issued.

☐ Application for refund denied:

    ☐ Application seeks refund of fee that was not paid.

    ☐ Previous court order indicates fee is not to be refunded.

☐ Application referred to U.S. District/Magistrate Judge for ruling.

Notes:

IT IS ORDERED that the application for refund of fees is:

☐ GRANTED   ☐ DENIED

_____
United States District/Magistrate Judge